



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 7437

<b>SERIAL NUMBER</b> 09/870,373	<b>FILING DATE</b> 05/30/2001 <b>RULE</b> 1.47	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2673	<b>ATTORNEY DOCKET NO.</b> BELA 4280.1
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**APPLICANTS**

LaVonne Cule, St. Clair, MO;  
Beth Frankenberg, Union, MO;  
Grady Smith, St. Clair, MO;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/208,334 05/31/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 08/02/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

000321

**TITLE**

Method of graphically indicating patient information

<b>FILING FEE RECEIVED</b> 558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit